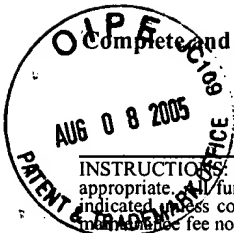


## PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
or Fax (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated, unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for non-advance fee notifications.

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31013

7590

05/05/2005

KRAMER LEVIN NAFTALIS & FRANKEL LLP  
INTELLECTUAL PROPERTY DEPARTMENT  
1177 AVENUE OF THE AMERICAS  
NEW YORK, NY 10036

08/09/2005 WABDEL3 00000079 09912008

01 FC:1501  
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1400.00 OP  
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Theodore J. Mlynar, Esq. (Depositor's name)

*Theodore J. Mlynar* (Signature)

August 5, 2005 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/912,008	07/24/2001	Jeffrey Grayzel	129336-00040	5219

TITLE OF INVENTION: STIFFENED BALLOON CATHETER FOR DILATATION AND STENTING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	08/05/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
BUI, VY Q	3731	623-001110

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Barry Evans, Esq.

2. Ted Mlynar, Esq.

3. Kramer Levin Naftalis & Frankel LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

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☒ Publication Fee (No small entity discount permitted)

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4b. Payment of Fee(s):

☒ A check in the amount of the fee(s) is enclosed. #9556 and #9557

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number \_\_\_\_\_ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☒ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

*Theodore J. Mlynar*

Date August 5, 2005

Typed or printed name

Theodore J. Mlynar, Esq.

Registration No. 40,096

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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Customer No. 31013

PATENT  
Attorney Docket No.: 129338-00040

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s) : Grayzel et al.  
Serial No. : 09/912,008  
Filed : 7/24/01  
For : **STIFFENED BALLOON CATHETER FOR  
DILATATION AND STENTING**  
Group Art Unit : 3731  
Confirmation No. : 5219  
Examiner : Bui, VY Q

Mail Stop Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

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**TRANSMITTAL OF ISSUE FEE**

Sir:

In connection with the above-identified patent application, enclosed please find the ISSUE FEE TRANSMITTAL, PTOL-85. Applicants also enclose herewith Kramer Levin Naftalis & Frankel LLP check no. 9556 in the amount of \$1700.00 to cover the Issue Fee for a large entity and the publication fee. Also enclosed is check no. 9557 to cover the fee of \$30.00 for ten (10) additional copies of the patent.

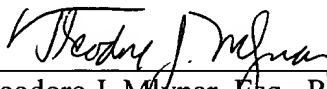
Customer No. 31013

PATENT  
Attorney Docket No.: 129338-00040

Please charge any additional fees due or credit any overpayment to Deposit

Account No. 50-0540. A duplicate copy of this communication is enclosed therefor.

Respectfully submitted,

By:   
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